

UCI

Protect this form as sensitive when information is entered.

SF-4601-C (6-2004) Supersedes (5-2004) issue

NONEMPLOYEE'S EXPENSE VOUCHER

Sandia National Laboratories

When completing electronically, click on each field to be filled in.

SEND TO SDR PER CONTRACT PRIOR TO A/P SUBMITTAL.

1. Legal Name (First Name, M.I., Last Name)		Social Security No. or Employer ID		Phone Number	
Tax Reporting Name and Identification Number (per W-9 form)					
Remit to Address				PAY METHOD	
				<input type="checkbox"/> Electronic	
				<input type="checkbox"/> Check	
				<input type="checkbox"/> Wire	
Name of Principal Sandia Contact		Soc. Sec. No.	Org.	MS	Phone No.

2. For expenses from _____ thru _____

3. ☐ Employment Interview Contract No. _____ ☐ No Fee Service Agreement
(Attach Invitation Letter) Hourly Fee Negotiated _____ (Attach copy of form)

4. ☐ Supplemental Voucher

5. DATES									TOTALS
6. TRAVEL	from								
	to								
7. TRAVEL TIME									
8. HOURS WORKED									Total Hrs.
9. TOTAL HOURS									
10. TOTAL AMOUNT OF PAYMENT FOR TIME WORKED									A

TRANSPORTATION EXPENSES									
*11. CARRIER FARE									
*12. RENTAL CAR									
*13. RENTAL CAR GAS									
*14. PARKING									
*15. TAXI/SHUTTLE/BUS									
*16. TOLLS									
17. OTHER TRANSPORT									
18. PERS. CAR MILES/COST*									
19. TOTAL (11...18)									B

LODGING, MEALS, AND INCIDENTAL EXPENSES (Do not include Lodging Tax)									
*20. LODGING									
*21. BREAKFAST									
*22. LUNCH									
*23. DINNER									
24. TIPS									
25. OTHER INCIDENTALS									
26. TOTAL (20...25)									
27. PER DIEM									
28. LESSER OF 26 or 27									C

OTHER BUSINESS EXPENSES									
*29. LODGING TAX									
*30.									
31. TOTAL (29...30)									D

32. *EXPLANATION OF TRAVEL AND OTHER BUSINESS EXPENSES				ANALYSIS OF BALANCE	
				E. Net Nonemployee Expense	
				(A+B+C+D)	
				F. Less Funds Advance/Tickets	
				G. Nonemployee Expense to be Reimbursed (E - F)	

I have incurred the above expenses on behalf of Sandia National

COST DISTRIBUTION				
LINE #	AMOUNT	PROJECT	TASK	ORG.
33.				

Nonemployee Signature _____

Date _____